

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016714
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4563

FILED MAY 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

6 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
St. Louis-Little Rock
Hospitals Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Louisiana b. COUNTY

c. CITY OR TOWN Bonita

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS RR #1 (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Emery

Middle

-

Last

Daniels

4. DATE OF DEATH

Month

May

Day

2

Year

1962

5. SEX

Male

6. COLOR OR RACE

Colored

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-28-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Penetr. Section laborer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Bonita, Louisiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Moses Daniels

13b. MOTHER'S MAIDEN NAME

Cordelia Leopold

14. NAME OF DECEASED OR WIFE

Ella Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rose Davis 2819 Dayton

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

INTERVAL BETWEEN ONSET AND DEATH

6 mo?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gangrene of both legs

2 weeks

DUE TO (c)

157X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary Thrombosis. Myocardial Infarction 6 weeks

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 25, 1962

to May 2, 1962

and last saw him alive on

May 2, 1962

Death occurred at

6:30 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Masao Ohnishi M.D.

22b. ADDRESS

Mo-Pac Hosp

22c. DATE SIGNED

5/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4 May 1962

23c. NAME OF CEMETERY OR CREMATORY

Shipped

23d. LOCATION (City, town, or county)

Bonita, Louisiana

24. FUNERAL DIRECTOR

ADDRESS

E. B. Koonce Mortuary, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

MAY 4 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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69

JUN 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Black

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.